

# A large mesenteric cyst masquerading as ureteric colic

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June 22, 2020

## Abstract

Mesenteric cysts are rare tumours that are difficult to diagnose given their vague symptomatology such as abdominal pain and nausea. Our case demonstrates a patient presenting with suspected ureteric colic, whereby early imaging revealed this rarity

## Key clinical message

Mesenteric cysts are rare tumours that are difficult to diagnose given their vague symptomatology such as abdominal pain and nausea. Our case demonstrates a patient presenting with suspected ureteric colic, whereby early imaging revealed this rarity.

A 24 year old female with no past medical history, presented with 2 weeks of left sided loin to groin pain. Nausea and dysuria were present alongside microscopic haematuria. Blood tests were unremarkable. A diagnosis of ureteric colic was made and urgent computed tomography (CT) urogram was arranged. This demonstrated a large cystic mass across the left hemiabdomen, measuring 23.7x11.7x11.6cm with mass effect on the kidney and descending colon, suggestive of a giant mesenteric cyst (Figure 1). Further surgical input was sought, and following magnetic resonance scan of the abdomen, the patient underwent laparotomy for excision of the lesion (Figure 2). Histology revealed fibrovascular connective and adipose tissue with no malignancy present. There has been no recurrence and a good recovery to date.

Mesenteric cysts are rare tumours that occur from duodenum to rectum, with an incidence reported as 1 in 300000<sup>1</sup>. Their pathophysiology is thought to be due to lymphatic and mesenteric embryological malformation<sup>1</sup>. Malignant transformation is uncommon but complications include perforation, haemorrhage and peritonitis<sup>2</sup>. Diagnosis is difficult due to vague symptoms with more common underlying causes. Hence imaging is essential in cases of diagnostic uncertainty. Treatment is via surgical excision, ensuring clear resection margins to avoid recurrence<sup>2</sup>.

## Author Contributions

Dr Adam O'Connor, drafted report, initiated idea to write report and edited manuscript

Dr Rabia Ghani - wrote key clinical message, edited images, helped to write report

Mr Shariq Sabri – supervised project as senior surgical staff member, involved in case.

## References

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*Figure legends*

Figure 1 – coronal computed tomography image demonstrating large mass of left hemi abdomen, measuring 23.7x11.7x11.6cm

Figure 2 – axial magnetic resonance imaging demonstrating 22.4x11.3x12cm mesenteric cyst to the left side of the abdomen, without bile duct or pancreas communication

*Conflict of interests*

All 3 authors report no conflicts of interest



